Organization ID # 0780410 Commonwealth of Kentucky State of origin Filing fee \$130.00 Alison Lundergan Grimes, Secretary of S

0780410.09

mstratton **PRPF** 

Alison Lundergan Grimes **Kentucky Secretary of State** Received and Filed:

1/27/2014 3:00 PM Fee Receipt: \$130.00

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

## Reinstatement Application and **Reinstatement Annual Report** For the years 2013 through 2014

**RST** 

Exact organization name and principal office address PARSONS ENTERPRISES, INC. 221 FAIRWAY DRIVE **CAMPBELLSVILLE KY 42718** 

The principal office address and registered agent name/office address cannot be changed on this form. When reinstating, you cannot modify the addresses until the reinstatement is filed. Once the reinstatement is filed, the statement of change can be filed online at app.sos.ky.gov/ftsearch or can be downloaded from our website.

## Registered Agent and Registered Office Address

MIRANDA C. PARSONS 221 FAIRWAY DRIVE CAMPBELLSVILLE, KY 42718



President	es default to the principal office address. Corpor  DAVID BRANDON PARS			
President	MIRANDA PARSONS		· · · · · · · · · · · · · · · · · · ·	
	14.			
-	<del></del>			
	name and address of all directors (if applicable) It to the principal office address.	).No listing of directors is verification the	at the corporation has dispensed	with directors. If not specified,
			# 1 4	
			** (s:	
	***		AA.	
2013. The undersi	as administratively dissolved on Seg gned states that the grounds for diss ements of KRS 271B.14-210. Enclos	solution either did not exist o	have been eliminated, a	nd the entity's name
Under penalty of p nformation pertain 2718.14-220.	erjury, the below signed hereby auth ing to PARSONS ENTERPRISES, II	norizes the Kentucky Departr NC. to the Secretary of State	nent of Revenue to releas , as required for reinstate	se any applicable tax ement pursuant to KRS
f not an officer of	said entit <u>y,</u> please provide a Declara	tion of Power of Attorney wit	h the Reinstatement Appl	lication.
x Miran	de Parsons	President		1-22-14
Signature of office	er or chairman of the board (Required)	Title (Requi	red)	Date (Required)



## EDUCATION and WORKFORCE DEVELOPMENT CABINET OFFICE OF EMPLOYMENT AND TRAINING

**Steven L. Beshear** Governor

Tax Enforcement Branch 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone (502) 564-2272 Fax (502) 564-5442 www.oet.ky.gov Thomas O. Zawacki Secretary

**Buddy Hoskinson** Executive Director

Date: 01/27/2014

PARSONS ENTERPRISES, INC.

Dear Sir/Madam:

KRS 14A.7-030(1)(f) CERTIFICATE

The Division of Unemployment Insurance certifies that, on this date, this applicant for corporate charter reinstatement meets the requirements of KRS 14A.7-030(1)(f).

Sincerely,

Chad Atha Division of Unemployment Insurance 275 East Main Street, 2-EH Frankfort, Kentucky 40621 Phone: (502) 564-2272

Kentucky Secretary of State organization number 0780410





THOMAS B. MILLER
Commissioner

## FINANCE AND ADMINISTRATION CABINET DEPARTMENT OF REVENUE OFFICE OF INCOME TAXATION

**ELYSE WEIGEL**Deputy Commissioner

BOB BROOKS
Executive Director

January 27, 2014

PARSONS ENTERPRISES, INC. 221 FAIRWAY DRIVE CAMPBELLSVILLE KY 42718

Re: Request for a Letter of Good Standing

The Department of Revenue records indicate **PARSONS ENTERPRISES, INC.** has filed Kentucky Income Tax Returns through the tax year ended 12/31/2012, and has paid the taxes shown to be due or assessed as of the date of this letter. The Department of Revenue requests the company's charter be reinstated provided all other requirements of the Secretary of State have been met by the corporation. This letter is valid for 30 days from the date of this letter.

Sincerely,

Janice Sexton, Taxpayer Services Specialist II Division of Corporation Tax 501 High Street, Mail Sta. 52 Frankfort, KY 40601 502-564-7310 FAX# 502-564-0058

Kentucky Secretary of State organization number 0780410

